#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

OWNER

### SIGNATURE: PETER STAWICKI

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent: ACCUTAX ADVISORY CORP

11098 BISCAYNE BLVD, STE 401-34 MIAMI, FL 33161 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA LEONARDO

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

PST Title STAWICKI, PETER J Name 6431 NW 42ND CT Address City-State-Zip: CORAL SPRINGS FL 33067

# 2024 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000083322

Entity Name: MUSCLE ACTIVATION OF SOUTH FLORIDA, INC.

# **Current Principal Place of Business:**

5458 TOWN CENTER ROAD, SUITE 15 BOCA RATON, FL 33486

### **Current Mailing Address:**

5458 TOWN CENTER RD 15 BOCA RATON, FL 33486 US

### FEI Number: 46-1105303

Certificate of Status Desired: No

FILED Feb 07, 2024 Secretary of State 1389958871CR

> 02/07/2024 Date

02/07/2024 Date